

# REQUEST FOR FUNCTIONAL STATEMENT OF RESEARCH DUTIES AND RESPONSIBILITIES

HARRY S. TRUMAN MEMORIAL VETERAN'S HOSPITAL (HSTMVH)

This form is to be used only by research staff who do not require clinical privileges for the conduct of their duties and responsibilities. Any research staff member who must exercise independent clinical judgment or perform procedures that requires clinical privileges as part of his/her research duties must obtain such clinical privileges through the Credentialing Office at the HSTMVH. Otherwise, Research staff members must submit a request for a Functional Statement of Research Duties and Responsibilities; the request must be signed by each principal investigator or co-investigator who supervises them.

<b>Name of Research Employee:</b>
<b>Principal Investigator/Co-Investigator (Primary Supervisor):</b>
<b>Job Title:</b>
<b>Emergency Contact/Phone:</b>

## PART I: REQUEST FOR GENERAL RESEARCH DUTIES & RESPONSIBILITIES

<b>1.</b>	<b>Privileges to serve as an Authorized VA Research Laboratory Director</b> <u>Note.</u> Required in order to be assigned independent research space.  <b>Indicate the laboratory level requested:</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <b>a. BSL-1 Laboratory</b>   <b>b. BSL-2 Laboratory</b>   <b>c. BSL-3 Laboratory</b> (requires R&amp;D approval) </div> <div style="width: 15%;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Yes   <input type="checkbox"/> No </div> </div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.</b>	<b>Privileges to serve as an Authorized VA Research Laboratory Director for a program involving <u>select agents or toxins</u></b> <u>Note.</u> Requires R&D approval, ORD approval, and an FBI Security Risk Assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3.</b>	<b>Privileges to serve as an Authorized Employee within a VA research laboratory</b>  <b>Indicate the laboratory level requested:</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <b>a. BSL-1 Laboratory</b>   <b>b. BSL-2 Laboratory</b>   <b>c. BSL-3 Laboratory</b> <u>Note.</u> Requires R&amp;D approval. </div> <div style="width: 15%;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Yes   <input type="checkbox"/> No </div> </div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

4.	<b>Privileges to serve as an Authorized Employee with independent access to a VA research laboratory involving <u>select agents or toxins</u></b> <small>Note. Requires R&amp;D approval, ORD approval, FBI Security Risk Assessment.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5.	<b>Privileges to serve as an Authorized User of radioactive material.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6.	<b>Privileges to serve as an Authorized Worker with radioactive material.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7.	<b>Privileges to initiate documents and applications under the supervision of the PI</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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8.	<b>Privileges to manage or store data</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>PART II: HUMAN RESEARCH DUTIES AND RESPONSIBILITIES</b>		
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1.	<b>Privileges to determine study eligibility by reviewing patient medical information</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2.	<b>Privileges to determine study eligibility by interviewing potential participants</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3.	<b>Privileges to access or use private medical information while maintaining patient confidentiality</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4.	<b>Privileges to obtain informed consent from research subjects.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5.	<b>Privileges to provide education to patients, relatives, and hospital staff regarding a study</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6.	<b>Privileges to provide education and instruction regarding study medication usage, administration, or storage</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7.	<b>Privileges to report adverse drug effects</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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8.	<b>Privileges to initiate requests for consultations, tests, or clinical procedures under the supervision of a clinically privileged provider</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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9.	<b>Privileges to engage in activities that may result in exposure to human blood, body fluid, tissues, or cell lines (if not commercially available).</b>  Indicate the specific activities for which privileges are requested:  a. Transporting specimens within the medical center  b. Shipping or transporting specimens outside the medical center  c. Handling or processing human specimens  d. Drawing blood	<input type="checkbox"/> Yes <input type="checkbox"/> No   <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
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10.	<b>Privileges to access VISTA/CPRS patient data systems</b>  Indicate the specific activities for which privileges are requested:  a. Scheduling Research visits  b. Documenting progress notes  c. Collecting IRB-approved data	<input type="checkbox"/> Yes <input type="checkbox"/> No   <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>PART III: ANIMAL RESEARCH DUTIES &amp; RESPONSIBILITIES</b>
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1.	<b>Privileges for general handling of rodents or processed rodent tissue.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2.	<b>Privileges to engage in surgical procedures on rodents.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3.	<b>Privileges to euthanize rodents</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>PART IV: LABORATORY RESEARCH DUTIES &amp; RESPONSIBILITIES</b>
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1.	<b>Privileges to engage in laboratory activities that may result in the handling of volatile organic solvents or other hazardous chemicals</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2.	<b>Privileges to access and/or use irradiator.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>3.</b>	<b>Privileges to engage in laboratory activities that may result in exposure to cell lines.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Indicate the specific activities for which privileges are requested:</b></p> <p><b>a. Non-human cell lines</b></p> <p><b>b. Human cell lines (commercially available).</b></p>		<p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>

<b>4.</b>	<b>Privileges to access research laboratory space after-hours without accompaniment by the supervisor or senior laboratory personnel.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>PART V: ADDITIONAL DUTIES AND RESPONSIBILITIES (if applicable):</b>		
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<b>1.</b>	<b>Privileges (specify)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>2.</b>	<b>Privileges (specify)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>3.</b>	<b>Privileges (specify)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>ATTESTATION OF APPLICANT:</b>	
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I certify that I will engage only in work activities that are consistent with my approved Functional Statement of Research Duties and Responsibilities. I understand that my Functional Statement of Duties and Responsibilities cannot be construed to authorize any activity that would require the exercise of independent clinical judgment or the performance of procedures or activities that would require clinical privileges at the HSTMVH. I understand that my Functional Statement of Research Duties and Responsibilities must be renewed every two years, anytime that I change supervisors, or anytime that my duties and/or responsibilities are substantively modified.

\_\_\_\_\_  
Research Staff Member Signature

\_\_\_\_\_  
Date

**PRINCIPAL INVESTIGATOR STATEMENT:**

This Functional Statement of Duties and Responsibilities has been reviewed and discussed with the applicant. After reviewing his/her credentials, competencies, and qualifications, I believe that he/she possesses the skills to safely perform the requested duties/procedures. This Functional Statement will be reviewed every two years, but amended whenever necessary to reflect changes in the research staff member's duties/responsibilities within the VA Research Program.

\_\_\_\_\_  
Principal Investigator/Primary Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alternate Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alternate Supervisor

\_\_\_\_\_  
Date

**OFFICE USE ONLY****ACOS/R&D REVIEW****Credentials Verification (Primary Source) Required:**

- ☐ Yes, Human Research privileges requested
- ☐ Yes, Specific educational/credentials required for Functional Statement of Research Duties and Responsibilities
- ☐ No, credentials verification not required

**Position Designation for Background Investigation:**

- ☐ High Risk/critical sensitive
- ☐ Moderate risk/non-critical sensitive
- ☐ Low risk/non-sensitive

**Security Risk Assessment Required:**

- ☐ Yes, BSL-3 and/or work with selected agents or toxins
- ☐ No

\_\_\_\_\_  
ACOS/R&D

\_\_\_\_\_  
Date